

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/230064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
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17		3		1		
18	1		1			
19	1		1			
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		2		1		
26		1		1		
27		2		1		
28		1		1		
29		2		1		
30		1		1		
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←	39	←		←	
TOTAL CLAIMS		34				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						